

Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form.

| Type of Statement | | | | | | | | |
|--|---|-------------------------|---|---|--------------------------|-------------------------|--|--|
| <input checked="" type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time. CC-16-00446 | <input type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization. <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">Date Changes Took Effect</td> <td style="width: 50%;">SBE-issued Committee ID</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | | | | Date Changes Took Effect | SBE-issued Committee ID | | |
| Date Changes Took Effect | SBE-issued Committee ID | | | | | | | |
| | | | | | | | | |
| Committee Information | | | | | | | | |
| Committee Information | Friends of Charles Sumpter | | | | | | | |
| | Name of Candidate Campaign Committee | | | | | | | |
| | 203 Yoakum Parkway | | 1803 | | | | | |
| | Street Address/PO Box | | Suite # | | | | | |
| | Alexandria | | VA 22304 | | | | | |
| | City | | State Zip Code | | | | | |
| | charles.sumpter@gmail.com | | 212-444-2316 | | | | | |
| Email Address | | Daytime Phone # | | | | | | |
| Campaign Website | | | | | | | | |
| Candidate Information | | | | | | | | |
| Candidate Information | Mr | Sumpter | Charles | Anthony Jr | | | | |
| | Salutation | Last Name | First Name | Middle Name Suffix | | | | |
| | 203 Yoakum Parkway | | 1803 | | | | | |
| | Residence Address | | Apt # | | | | | |
| | Alexandria | | VA 22304 | | | | | |
| | City | | State Zip Code | | | | | |
| | ALEXANDRIA CITY | | 327281578 | | | | | |
| | County or City of Residence | | Voter Identification # | | | | | |
| charles.sumpter@gmail.com | | 212-444-2316 | | | | | | |
| Email Address | | Daytime Phone # | | | | | | |
| <input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above. | | | | | | | | |
| Election Information | | | | | | | | |
| Election Information | Member House Of Delegates | | House Of Delegates - 46th District | | | | | |
| | Office Sought | | District (if one) | | | | | |
| | Democratic | 2017 | <input checked="" type="checkbox"/> November | <input type="checkbox"/> May <input type="checkbox"/> Special | | | | |
| | Political Party | Year of Election | Type of Election | | | | | |

Revised: January 1, 2012

CITY OF ALEXANDRIA

SBE-947.1
(Page 1 of 5)

Supersedes all previous versions

DEC 22 2016

Voter Registration
Electoral Board






Statement of Organization CANDIDATE COMMITTEE

| Treasurer Information | | | | | |
|---|---|--------------------------------|--|----------------------------|--|
| Treasurer Information | Mr | Sumpter | Charles | Anthony Jr | |
| | <small>Salutation</small> | <small>Last Name</small> | <small>First Name</small> | <small>Middle Name</small> | |
| | 203 Yoakum Parkway | | 1803 | | |
| | <small>Residence Address</small> | | <small>Apt #</small> | | |
| | Alexandria | | VA 22304 | | |
| | <small>City</small> | | <small>State</small> | | |
| | ALEXANDRIA CITY | | 327281578 | | |
| | <small>County or City of Residence</small> | | <small>Voter Identification #</small> | | |
| charles.sumpter@gmail.com | | 212-444-2316 | | | |
| <small>Email Address</small> | | <small>Daytime Phone #</small> | | | |
| <input type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above. | | | | | |
| Campaign Depository | | | | | |
| Suntrust Bank | | | | | |
| <small>Name of Primary Financial Institution</small> | | | <small>Name of Other Financial Institution (if applicable)</small> | | |
| Alexandria VA | | | | | |
| <small>City</small> | | <small>State</small> | | <small>City</small> | |
| Alexandria VA | | VA | | | |
| Committee Activity | | | | | |
| Dates of Activity | Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A") | | | | |
| | Date first contribution accepted: | | 12/15/2016 | | |
| | Date first expenditure made: | | | | |
| | Date campaign depository designated: | | 12/15/2016 | | |
| | Date filing fee paid for party nomination: | | | | |
| | Date Statement of Qualification filed: | | 12/15/2016 | | |
| | Date treasurer appointed: | | 12/15/2016 | | |

(continued on next page)

**Statement of Organization
CANDIDATE COMMITTEE**

| Filing Method | |
|------------------------------|--|
| Filing Method | <p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input checked="" type="checkbox"/> File electronically using SBE's Electronic Filing Application.</p> <p><input type="checkbox"/> File electronically using an SBE Approved Vendor (Please indicate Name of Vendor: _____)</p> <p><input type="checkbox"/> File paper reports.</p> <p> _____ Signature</p> <p><u>12/19/14</u> Date</p> |
| Signatures | |
| Candidate's Signature | <p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i>. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p> _____ Candidate's Signature</p> <p><u>12/19/14</u> Date</p> |
| Treasurer's Signature | <p>I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p> _____ Treasurer's Signature</p> <p><u>12/19/14</u> Date</p> |